The Nature and Quality of Workers' Compensation Data -
Applications for Workplace Managed Care

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Administrative databases have been used for research of many different kinds. One important point I want to make is that only population-based databases are robust enough to provide the kinds of fine analyses that we need to conduct. These databases are found in Medicare, large insurance programs, large health delivery systems, state-wide hospital discharge, and Workers' Compensation programs. I also want to mention the Bureau of Labor Statistics report on occupational mortality. These studies deal primarily with injury in the private sector of the economy.

When you're dealing with Workers' Compensation databases, you have to consider the problem of eligibility standards, which vary from state to state. Another problem concerns fraud. Most state agencies have extensive data and reports related to fraud, as well as numerous staff addressing the problem.

Workers' Compensation databases provide extensive claim and medical bill payment data, and they've been used to study incidence of intentional injury, including sexual assault on women. They've also been used in program evaluation, and in economic modeling of disability.

I used a Workers' Compensation database to study intentional work place injuries to teachers. I want to give you a little background on that, because I think it bears on the kinds of data that you use. When I started out, since I'm from Washington, D.C., my first inclination was to go to the public schools in Washington D.C. But the teachers' union in was not very cooperative.

Next, I contacted the National Headquarters of the American Federation of Teachers. There I got some very sympathetic ears and some helpful hands. Since I needed this data from a city school, I chose New York City.

At that time in New York, they were in a process of electing a new president for the American Federation of Teachers. My timing could not have been worse, so I really had no cooperation from the people in New York.

In the meantime, I had been talking about this to my colleagues. They recommended looking at programs in large states, such as Washington and Wisconsin, that cover public employees, are publically financed, and have large population-based databases.

I approached the Director of Work Force Development in the State of Wisconsin. He was not only cooperative, but also very interested, and we struck a deal. The bargain was that I would produce a short policy-oriented paper on intentional teacher injury, and in exchange for that, they would give me access to the data for my own purposes. I wanted to study intentional workplace injuries to teachers, and also characteristics of teachers and their injuries in order to address prevention issues.

The policy paper just appeared, in August, on the State of Wisconsin Web Site, and I will now discuss some findings.

There are different levels of Workers' Compensation data. At one level there is "All Claims Filed". At another level you have "All Compensable Claims". Then there are "Non-Compensable Claims", "Claims With Return to Work Dates" and "Claims Without Return to Work Dates". My study had very few claims without a return-to-work date, so I felt very confident that return-to-work data, which is important for my purposes as well as to the department, could be used without too much of a negative impact on my conclusions.

For incidence studies denominators are also important. It is not possible to get incidence denominator data from the Workers' Compensation database; you have to go to another government agency. The name of these agencies can differ from place to place.

I looked at the two-year period from 1993 to 1995, and I found that the intentional injury rate for teachers and aides was 7.6 per 100,000. I found that compensable time lost amounted to about 181 days on the average; this was more than twice the rate for all other teacher and aide injuries. I compared those rates with those of the teachers and aides who had filed compensable claims that were categorized in the database as "repetitive motion injury". The repetitive motion injury claims amounted to, on average, 310 working days lost, which was nearly five times more than the average for all teachers' claims, and about twice the number of days lost by teachers and aides reporting intentional injuries.

In conclusion, I want to give you some practical information that will be useful in the study of occupational workplace injuries. Keep in mind that you want to demonstrate credibility to whoever is going to give you access to the data you need. Also, consider the relevance of your study and explain it to the population.

Another issue is how to best approach sensitive questions. I'm thinking about interviewing some of the teachers and those who have been victimized. I intend to collect data about the injury, the assailant, and other sensitive issues, on progressive levels, one step at a time.

And finally, we have to meet certain ethical obligations. We must anticipate the hazards we might discover on the work site when we go to interview people, carefully observe their behavior, and develop an appropriate means of interviewing in the context of the study.

Q   Dr. Susman, a question about reliable data. There is an Occupational Safety and Health Administration (OSHA) study that says 65 percent of all industrial accidents are related to drug use. Another statistic that I see floating around in a number of places, including the National Council on Alcoholism, says that 40-44 percent of all industrial accidents are due to the use of alcohol. If you add these together, you find

out that more than 100% of all industrial accidents are due to the use of alcohol or other drugs. Is there a way to get good data on that? In our own program we're finding that fewer than 10 percent of post-accident drug and alcohol tests are showing up positive.

A   I don't have an answer for that. I can suggest that you build in linkages. You can link up with hospital discharge data. You can link up with the Workers' Compensation data that has medical reports in it. However, you have to be aware that most physicians don't pay that much attention to substance abuse unless it's the specific issue that's brought to them by the patient, the presenting complaint. So I think part of the thing that SAMHSA and other organizations need to do is to find a way to influence the medical schools and get involved in training medical students to address the issues of substance abuse, especially when their patients present work-related injuries.

There are other linkages, too. Perhaps it's possible, and worthwhile to link injury data with the drug testing program in this states, or even at the workplace.

Q   Nationally we've looked at several Workers' Compensation databases and noticed that there is a decline, no matter what you seem to be looking at in the amount of injuries or case rates, or whatever. And I wonder why that is, and I've asked several people. We've looked at industries like manufacturing, agriculture, and construction industries, and no matter which industry you look at, there's been a decline. I'm wondering if, nationally, you have noticed this, and how would you account for that in a study using these databases?

A   As a matter of fact, I noticed that phenomenon in my teachers' study. There was a decline and it is continuing. At the same time, there was a decrease in the number: I think about a 6 percent increase in the number of teachers hired in Wisconsin

during that period. So you had more teachers, but fewer injuries -- at least fewer intentional injuries.

No, I can't account for it. I'm glad to hear that you were running into the same problem, because it's something we need to work on.